

# EXHIBIT G



**NFL PLAYER DISABILITY & SURVIVOR BENEFIT PLAN  
BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN**

**NEUTRAL PHYSICIAN PANEL ORIENTATION MANUAL**

**Effective as of August 2024**

**JO-00437**

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## **PREFACE**

Welcome to the neutral panel of the NFL Player Disability & Survivor Benefit Plan, Bert Bell/Pete Rozelle NFL Player Retirement Plan and 88 Plan (“NFL Player Plans”). There are panel members situated in various geographic locations across the United States. Your fellow panel members are experienced clinicians who, like you, have been selected to perform neutral examinations of former NFL players who are applying for benefits.

This manual is designed to provide a general orientation on topics that will assist you in understanding current benefit programs, performing assessments, and completing the appropriate reports needed for the Plans to make decisions regarding a Player’s benefits application. The NFL Player Plans have specific assessment and reporting requirements, which you will find straight forward. If you have any questions, you may contact any of the following for guidance:

- Aakash Shah, Medical Director, at [ashah528@gmail.com](mailto:ashah528@gmail.com)
- Sam Vincent, NFL Player Benefits Office, at [svincent@nflpb.org](mailto:svincent@nflpb.org)
- Lashay Rose, NFL Player Benefits Office, at [lrose@nflpb.org](mailto:lrose@nflpb.org)

## NEUTRALITY

The NFL Player Plans strive to ensure that every Player who is referred for evaluation is fully and fairly evaluated by one or more neutral physicians. To that end, the NFL Player Plans expect that each panel member will:

1. Personally evaluate Players and conduct appropriate testing following the standards described in this manual.
2. Personally review and evaluate all records provided.
3. Personally complete necessary report forms and comprehensive narrative reports for each Player evaluated in a timely manner, and no later than 10 days after the examination.
4. Conduct each test and examination and prepare the written report to the highest professional standards without any bias or favoritism for or against any Player.
5. Apply the standard applicable to the specific benefit for which the player has applied, even where that standard is different from other standards you may use in other areas of your practice.
6. Verify, prior to submitting reports, that test results and other data are reported thoroughly and accurately.
7. Refrain from participating in any other NFL or NFLPA program.
8. Refrain from publicly discussing the Plans and the evaluation programs.
9. Have no conflict of interest that would impact their evaluations.
10. Be judicious in public and professional forums with regard to comments, interviews, and talks that could create the appearance of bias about concussions, neurocognitive impairment, athletes, etc. This is in no way intended to inhibit involvement in scientific, academic, and training activities, but to prevent unwarranted suggestions of bias.

You should not examine a Player on behalf of the NFL Player Plans if you are his current treating physician, or if you have evaluated or treated him in the past for either a clinical or IME purpose. The examinations are “independent medical examinations,” or IMEs. There is no doctor/patient relationship. You should not provide treatment, or recommend treatment, medication, or advice about vocational matters or rehabilitation. You should, however, comply with your legal and ethical obligations with respect to reporting or referrals, for example, if you determine a Player is a threat to himself or others. You should also provide contact information for the NFL Lifeline program to the Player.

## OVERVIEW OF BENEFITS

The following descriptions are focused on your work as a Plan neutral physician, and omit the non-medical aspects of these benefits.

Players sign a HIPAA authorization when they complete their disability benefit applications allowing the Plan to share the Player's medical records for disability benefit purposes. However, HIPAA does not technically apply to the disability benefits, because such benefits are not paid from a health plan.

### A. Total and Permanent Disability (T&P) Benefits

The standard for T&P benefits is whether (1) the player is **substantially unable to engage in any occupation for remuneration or profit**, and (2) the condition is **permanent**. The educational level and prior training of a Player will not be considered in determining whether the Player is "unable to engage in any occupation or employment for remuneration or profit." A disability is "permanent" if it has persisted or is expected to persist for at least 12 months from the date of its occurrence, excluding any reasonably possible recovery period. You are to form your opinion based on the Player's present state, and not how they might be if they sought treatment for the condition. Players are not required to seek treatment as part of the Plan determination.

T&P disability does not require that the impairment(s) be related to NFL participation. In other words, players may be eligible for T&P benefits even if their impairments are unrelated to NFL participation, but in some cases causation is relevant to determining the amount of a Player's T&P benefit. Therefore, you may be asked by the NFL Player Benefits Office whether a particular Player's totally and permanently disabling condition arises out of NFL football activities. You also may be asked by the NFL Player Benefits Office if a particular Player's totally and permanently disabling condition is caused by a substance abuse disorder or a psychiatric condition. In cases where the Player is examined by multiple Plan neutral physicians in different medical specialties for the benefit, the Plan neutral physicians do not confer with each other.

### B. Line-of-Duty Disability (LOD) Benefits

For a Player to receive LOD benefits, he must have a **substantial disablement arising out of League football activities**. A substantial disablement is a **permanent** disability, other than a neurocognitive, brain-related neurological (excluding nerve damage) or psychiatric impairment, that results in a loss of speech, hearing, or sight, or that is **the primary or contributory cause of the surgical removal or major functional impairment of a vital bodily organ or part of the central nervous system**.

In other words, in connection with an application for LOD benefits involving non-brain related claims, the NFL Player Benefits Office will ask you three things: (1) whether the Player's impairment constitutes a major functional impairment or a surgical removal of a vital bodily organ or part of the central nervous system; (2) whether that impairment arises out of League

football activities (which excludes activities in high school, college, and other football leagues), and (3) whether that impairment is permanent, meaning it has persisted or is expected to persist at least 12 months from the date of its occurrence, excluding any possible recovery period. In cases where the Player is examined by multiple Plan neutral physicians in different medical specialties for the benefit, the Plan neutral physicians do not confer with each other.

## **SCHEDULING AND EXAMINATION PROCESS**

After a Player applies for a benefit, you will be contacted by a Benefits Coordinator requesting an appointment date. Once you provide the Benefits Coordinator with potential appointment date(s), the Benefits Coordinator will notify the Player of the date, time, and place of the examination confirmed by you. The case manager will then send you the medical records the Player has submitted supporting his application, along with a copy of the appointment letter and the appropriate disability report form(s) (T&P, LOD) via encrypted email. You must certify in writing that you have reviewed all the application(s) and medical records provided to you for each Player examined and document the number of pages of medical and application records you reviewed in your report.

In most cases, the NFL Player Plans must issue a written decision on a Player's application within certain time frames, which in turn means that Players will need to be seen as soon as is reasonably possible. There are times when Players are scheduled and then must be moved to a different date or cancelled. The Benefits Coordinator will inform you of all changes in scheduling as soon as they become aware of them. Players may arrive late for their examination. You must determine if their late arrival precludes completing the examination and, if so, contact the Benefits Coordinator immediately. In a small number of cases, Players will not show for their examination. In such cases, you should notify the Benefits Coordinator immediately and submit a bill for the no-show fee.



## EXAMINATION STANDARDS

The following examination standards apply across all of the NFL Player Plans previously described:

- You should evaluate only the conditions/issues that the Players have identified in their application for benefits.
- Your assessment should solely be focused on the Player's condition(s) on the day of the examination. In other words, your assessment should not take into account future treatment that the Player can undertake to mitigate his alleged condition(s) and/or claimed impairments.
- Apart from addressing logistics of the examination process, no one else besides the Player should be included in the clinical interview or testing/examination.
- You must provide opinions only in your area of medical expertise/specialty as defined within the Plan guidelines. Players with conditions and claimed impairments outside your area of expertise will be referred to physicians in the appropriate medical specialties, but only if the Player identified such impairments on his application.
- In one limited circumstance, you may identify conditions outside your area of specialty that are relevant to the disability determination, but only if you conclude the benefit determination should take such conditions into account. In such case, you should include a clear recommendation in your report. The NFL Player Benefits Office may then refer the Player for examination by a specialist in the appropriate field for that condition. To avoid confusion, please make any such recommendations clear and unambiguous. For example, a neurologist might say "due to evidence of severe depression and anxiety, the Player should be evaluated by a neutral psychiatrist to determine if he qualifies for T&P benefits."
- If you merely think that the Player should be examined by a personal physician in connection with health conditions outside of your medical specialty, you may say so, but refrain from giving a definitive diagnosis outside your area of expertise. You may say, for example, that the Player has possible or probable major depression and/or other psychiatric disorders and that he may benefit from a psychiatric consultation.
- All medical records should come from the NFL Player Benefits Office. Review all medical records provided to you by the NFL Player Benefits Office. Except for imaging studies, Players should not bring medical records with them to the examination. If a player brings or sends additional records, inform him that they need to be submitted to the Plan Benefits Office, and you cannot review them.
- Players are expected to fully participate in and cooperate with examinations.
- Outside of the examination(s), Players (and their family members or representatives) should not attempt to contact you or your staff. Players may obtain copies of your reports directly from the NFL Player Benefits Office.

- Players and neutral physicians are not permitted to record any part of the examination (audio, video, etc.) under any circumstances. Players are informed of this expectation at the time their appointment is scheduled.
- If a Player acts inappropriately or threatens you or any other Plan neutral physician, notify the NFL Player Benefits Office immediately.
- If a Player states he has active suicidal thoughts, you may immediately call emergency personnel and/or escort the Player to the emergency department.

## WRITTEN REPORTS

T&P and LOD benefits have different report forms that must be completed following your examination. The report form for each benefit is tailored to the standards of that benefit. **You should review and be familiar with all report forms prior to completing an examination.**

The T&P and LOD forms will be completed by you alone. In some cases, Players will apply for one or more benefits at the same time and you will be required to complete multiple forms. For instance, if Players apply for T&P and LOD simultaneously, you will be required to address the criteria for both benefits in your report and fill out the respective forms for each benefit.

In addition to the report forms, you are expected to provide a narrative report of your examination. The following rules apply generally to such narrative reports:

- The historical/physical exam sections of your report should contain all relevant facts. In your impression/discussion section, you should take care to support opinions with information contained in those earlier sections.
- Comment on treating physicians, or vocational expert reports in the record, including the extent you disagree with the views in such reports in any material way.
- Provide a clear and definitive conclusion regarding whether Players meet the benefit criteria at issue, following the standards described above.
- Remember your audience. The NFL Player Plans' decision-makers are not medical professionals. The same is true for the Players, attorneys, and judges who may have occasion to review your reports. Therefore, your reports should not only be accurate and complete, but they should also be understandable from a layperson's perspective.
- You should state in your report and on the report form how many pages of records were included for review.

For all forms and templates, please take care to complete each item and include all appropriate comments. You should not skip any section.

### A. T&P Report Form (EXHIBIT 1)

The T&P report form requires you to provide information regarding the date of your examination, whether you or any of your colleagues in your practice have ever treated the Player, and other basic facts. You will be asked to describe the Player's impairments in your medical specialty, and

state whether each such impairment **“has persisted or is expected to persist for at least 12 months from the date of its occurrence,”** excluding any possible recovery period. You will also be asked to state whether the Player is **substantially unable to engage in any occupation for remuneration or profit** and, if so, what conditions prevent the Player from working. If you find the Player is able to work, you will be asked to identify what type of activity he can perform and any limitations on his activity. Please do not state a specific job title; i.e., the Player can be a teacher, car salesman, coach, etc. Finally, you will have the option to provide additional remarks as indicated by your examination.

You should accompany the T&P report form with a detailed narrative, identifying the medical records provided to you, certifying that you have reviewed those medical records, describing the Player’s medical history, listing the medical tests you performed, and so on.

#### **B. LOD Report Form (EXHIBIT 2)**

The LOD report form is similar but different from the T&P report form. When completing the LOD report form you will be asked the same questions regarding your examination date, any history of treating the Player, and the nature of the impairment (LOD report form page 1). You will be asked to state whether the Player has a major functional impairment of a vital bodily organ or part of the central nervous system.

## **PRACTICAL CONSIDERATIONS**

1. Familiarize yourself with the benefit at issue, and the benefit criteria, in advance of each exam, so you are sure to address these criteria in your interview and report.
2. Focus your impression and conclusions on the criteria for the specific benefit at issue. For instance, if the Player is applying for LOD benefits, whether the Player can work is not relevant.
3. A consent form is signed by each Player with his application for benefits, but you may use your own consent form as long as it does not conflict with the content in the NFL Player Benefits form.
4. In some cases, you will see Players who are appealing an earlier adverse decision regarding their benefits application. If you are seeing a Player on appeal, you may encounter some resentment that they were denied benefits based on an earlier examination. You should reassure the Player that you will perform the examination according to guidelines and will provide an objective opinion based on current history and test data.
5. All Players should be given a handout related to resources available from NFLlifeline.org. You may also show them the website. Most Players are unaware of this resource and should be encouraged to contact the program.
6. If in your judgment a Player is at high or imminent risk for self-injury and you refer them for immediate psychiatric intervention or hospitalization, notify the NFL Player Benefits Office immediately. Similarly, if a Player is found to have a medical condition that requires immediate emergency medical intervention and you send him to the emergency room, notify the NFL Player Benefits Office immediately.

## **EXHIBITS**

Exhibit 1: T&P Physician's Report Form

Exhibit 2: LOD Physician's Report Form

**Exhibit 1**

**T&P Physician's Report Form**

**JO-00450**

**NFL PLAYER BENEFITS****DISABILITY PLAN****PHYSICIAN REPORT FORM****TOTAL & PERMANENT DISABILITY BENEFITS**

**Notice to Physician:** To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

**Player's name: DOB: Phone:**

**Player's address:**

**Player's Credited Seasons:**

**Claimed impairments:**

1. Did you receive records for this Player? ☐ YES | ☐ NO If so, how many pages? \_\_\_\_\_
2. Did you evaluate the Player? ☐ YES | ☐ NO If so, when? \_\_\_\_\_
3. Have you or your colleagues ever treated the Player previously? ☐ YES | ☐ NO
4. Based on your evaluation, what is the nature of the Player's impairment(s)?  
(Attach additional sheets if necessary.)

Impairment to	Cause of impairment	
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown



5. In your opinion, is the Player **totally and permanently disabled** to the extent that he is substantially unable to engage in any occupation for remuneration or profit? ☐ YES | ☐ NO  
☐ Unable to Determine

**If you checked YES:**

- Describe the impairments and explain how they prevent the Player from working. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Has the Player's condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES | ☐ NO

**If you checked NO:**

- Describe the type of employment in which the Player can engage. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you have any additional remarks? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the required narrative report with this form.

**I certify that:**

- ☐ I reviewed all records of this Player provided to me.
- ☐ I personally examined this Player.
- ☐ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☐ My findings reflect my best professional judgment.
- ☐ I am not biased for or against this Player.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Exhibit 2**

**LOD Physician's Report Form**

**JO-00453**

**NFL PLAYER BENEFITS****DISABILITY PLAN**

200 St. Paul Street, Suite 2420  
Baltimore, Maryland 21202  
Phone 800.638.3186  
Fax 410.783.0041

**PHYSICIAN REPORT FORM - NON-ORTHOPEDICS****LINE-OF-DUTY DISABILITY BENEFITS**

**Notice to Physician:** To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

**Player's name:** DOB: Phone:

**Player's address:**

**Player's Credited Seasons:**

**Claimed impairments:**

1. Did you receive records for this Player? ☐ YES | ☐ NO If so, how many pages? \_\_\_\_\_
2. Did you evaluate the Player? ☐ YES | ☐ NO If so, when? \_\_\_\_\_
3. Have you or your colleagues ever treated the Player previously? ☐ YES | ☐ NO
4. For impairments related to the **LOSS OF HEARING, SPEECH, OR SIGHT**, please rate the impairment(s) as follows:

	Loss	Cause	Comments
Loss of Hearing	<input type="checkbox"/> 0-29%	<input type="checkbox"/> Illness	
	<input type="checkbox"/> 30-54%	<input type="checkbox"/> NFL football	
	<input type="checkbox"/> 55-79%	<input type="checkbox"/> Other – _____	
	<input type="checkbox"/> 80% or greater	<input type="checkbox"/> Unknown	
	Has the impairment persisted or is it expected to persist for at least 12 months from the date of its occurrence, and excluding any reasonable recovery period?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined

	Loss	Cause	Comments
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<b>Loss of Speech</b>	<input type="checkbox"/> 0-29%	<input type="checkbox"/> Illness	
	<input type="checkbox"/> 30-49%	<input type="checkbox"/> NFL football	
	<input type="checkbox"/> 50-69%	<input type="checkbox"/> Other – _____	
	<input type="checkbox"/> 70% or greater	<input type="checkbox"/> Unknown	
Has the impairment persisted or is it expected to <b>persist for at least 12 months</b> from the date of its occurrence, and excluding any reasonable recovery period?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined

<b>Loss of Sight</b>	<b>Loss</b>	<b>Cause</b>	<b>Comments</b>
	<input type="checkbox"/> 0-29%	<input type="checkbox"/> Illness	
	<input type="checkbox"/> 30-49%	<input type="checkbox"/> NFL football	
	<input type="checkbox"/> 50-69%	<input type="checkbox"/> Other – _____	
<input type="checkbox"/> 70% or greater	<input type="checkbox"/> Unknown		
Has the impairment persisted or is it expected to <b>persist for at least 12 months</b> from the date of its occurrence, and excluding any reasonable recovery period?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined

5. Is the Player's condition the primary or contributory cause of the surgical removal or major functional impairment of a **vital bodily organ** or **part of the central nervous system**? ☐ YES | ☐ NO

**If you checked YES:**

- Identify the affected body part or impairment(s) and describe the nature of the resulting surgical removal or major functional impairment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Has this condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES | ☐ NO

6. Do you have any additional remarks? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the required narrative report with this form.

I certify that:

- ☐ I reviewed all records of this Player provided to me.
- ☐ I personally examined this Player.
- ☐ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☐ My findings reflect my best professional judgment.
- ☐ I am not biased for or against this Player.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Specialty)

**JO-00456**